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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/588,283			ing Date 23/2007	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
	FOR		NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A			N/A			N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A		
TO ⁻ (37	ΓAL CLAIMS CFR 1.16(i))		mir	minus 20 =		*		x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	1S	minus 3 =		*			x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	she is \$	If the specification and sheets of paper, the applies \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			oplication size fee due I entity) for each fraction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If t	the difference in col	umn 1 is less tha	er "0" in colu		TOTAL			TOTAL					
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) SMALL										OR		ER THAN ALL ENTITY	
AMENDMENT	11/19/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 22	Minus	** 22		= 0		X \$26 =	0	OR	x \$ =		
	Independent (37 CFR 1.16(h))	* 3	Minus	***3		= 0		X \$110 =	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN ^T		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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